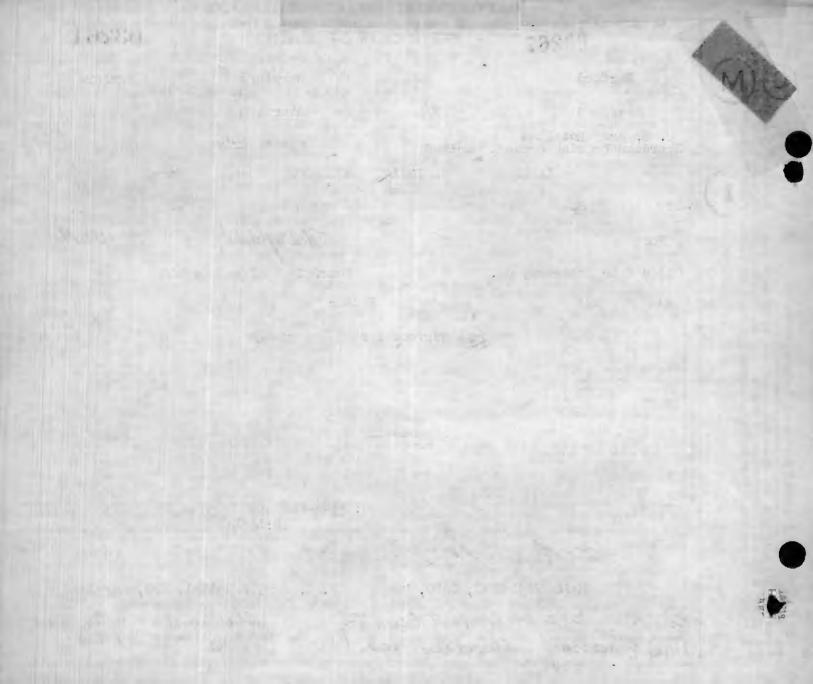
ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 03267 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY **b.** COUNTY Harford Maryland Harford MARYLAND b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Aberdeen N/A Aberdeen d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? U. S. Army Hospital 10 Defense Drive YES NO X Aberdeen Proving Ground, Maryland completely DATE Month Day Year DECEASED OF LANCE CHRISTIAN ANDERSON (Type or print) DEATH March 29 62 19 and cor B. DATE OF BIRTH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Male Can March 62 WIDOWED DIVORCED physician ove USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or Joreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, aven if retired) USA. None nding pl 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Olden Kyle Anderson, Jr. Patricia Elaine Hopewell 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifyes giva war or dates of service) Father 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH g physici signed b PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Central nervous system hemorrhage hrs 40 DUE TO Conditions, if any, which (b) burialgave risa to immediata cause DUE TO (a), stating the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO XX Prematurity 2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., atc.) While Not While Hour a.m. at work at work 10.29 Mar. 1962, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from. and that death occurred at 2:15AM, from the causes and on the date stated above. Mar saw the deceased alive on... DIREC ATTENDING 22b. DATE 22a. SIGNATURE 29 Mar 62 SIGNED STAFF DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) MALCOLM MCLEAN, CAPT, MC U. S. Army Hospital, APG, Maryland 23a. BURIAL, CREMATION, | 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, lown or county) (State) REMOVAL (Specify) हु के व Moura Heria 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) barrie 15M 9/60



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03268 CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Harford Harford by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate timits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give neerest town Aberdeen (Rural) Aberdeen filled in Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES X NO completely 3. NAME OF Middle 4. DATE Year Month DECEASED OF B. HOWARD BOYLE DEATH March (Type or print) and cor carbon nt, withiu 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 5. SEX 9. AGE (In yeers | IF UNDER I YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) Months Hours Male WIDOWED T DIVORCED 10e. USUAL OCCUPATION (Give kind of work 1 12. CITIZEN OF WHAT COUNTRY? physician 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stele, or foreign country) done during most of working life, even if retired) U.S.A. Nebraska Road Const. Foreman Construction e attending phy Then please r 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Margaret Finney Wakeland Oliver C. Boyle Address R.D. 2. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yas, no, or unkown) | (Ifyes give war or dates of sarvice) Mrs. Howard B. Boyle, Aberdeen, Md. NO 18. CAUSE OF DEATH (Enter only one cause per line for (e), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. mas IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which geva risa to immadiele cause DUE TO (a), stating the underlying ceusa lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? NO [20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) OR CONTRIBUTING [CAUSE OF DEATH UF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form,) 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, streat, office bldg., etc.) While Not While at work et work 67 to 150 4 13 , 19.00, that (1) (we) last The sold 21. | certify that (1) (this hospital) attended the deceased from. 3 1964, and that death occured al. 145M, Promothe causes and on the date stated above. saw the deceased alive on. may b ATTENDING DATE 22a. SIGNATURE STAFF DIRECTOR FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Darlington, Smodgrass (Slate) 23a. SURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) क दें दे RD. 2. Aberdeen. Md. Smith Chapel Cemetery Buria 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24: TUNERAL DIRECTOR'S SIGNATURE Tarring ADT theral Home VR A15 (4) MAR 1 6 '62 Civing S. France 15M E/60 Aberdeen. Md. DATE

RYLAND STATE DEPARTMENT OF HEALTH

SUBSTITUTE the second of th all of the first of the same of the same March to add the last reality of the last SAMAS bring that tentral from of the section of the Acres - Cherry -

		RFORD.
	o. CITY OR TOWN (if outside corporate limits, write RURAL end give necess lown) BEL AIR LIFE 32 BEL AIR	
	M. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 104 E. BROADWAY d. STREET ADDRESS 104 E. BROADWAY	e. IS RESIDENCE ON A FARM? YES NO
	DECEASED ROLATIC NO. OF ALD D' -	30 1962
S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED 29 JAN '78 9. AGE (In years lest birthday) Windows Day Wonths Day	AR IF UNDER 24 HRS. ys Hours Min.
do	e during most of working life, even if retired)	S, A.
13.	GEORGE R. CAIRNES ARABELLE NELSO	_
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 104 Fr. NO. or unknown) [(Ifyes give war or detes of service)] 216-09-2244 MRS KATIE COALE BECAN	R, ND
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ARTERIO SCLEROTIC CARDIOVASC, DIS,	INTERVAL BETWEEN ONSET AND DEATH
1	Conditions, if any, which (b) CARDIO-RESP. FAILURE gova rise to immediate cause	4 DAYS
	ceusa last. (c)	WITO WAS AUTORS
CATION		PERFORMED?
	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County factory, street, office bldg., etc.)	(Steta)
	21. I certify that (I) (this hospital) attended the deceased from IPPR	
	220. SIGNATURE ATTENDING MED. STAFF PHYS. DIRECTOR PHYS	22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) H.P. SIDWELL 22d. ADDRESS HOIFRANKLING BELAIR, MD	\$1,
	REMOVAL (Specify)	Co. Manyland
	FUNERAL DIRECTOR'S SIGNATURE W. Broadway and Williams St. 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIG	
The state of the s	S. S. MEDICAL CERTIFICATION MEDICAL CERTIFICATION ASSESSED.	d. NAME OF HOSPITAL OR INSTITUTION III not in biospital, give stream address: JOH E. BROADWAY

AMERICAN SAME -164 = The Block 164 E WELLSTON THE STATE OF THE CLAIMS IS EX - THE LOW IN SURPRISE STAFFORD SO, MED. U.S. A. GERREE E CHITMES ARROBILLE NEW E-M The state of the s THE RESERVE OF THE PARTY OF THE THE PERSON NAMED TO ASSOCIATE OF THE PARTY O THE WATER AND WELL BUT The participant of the second

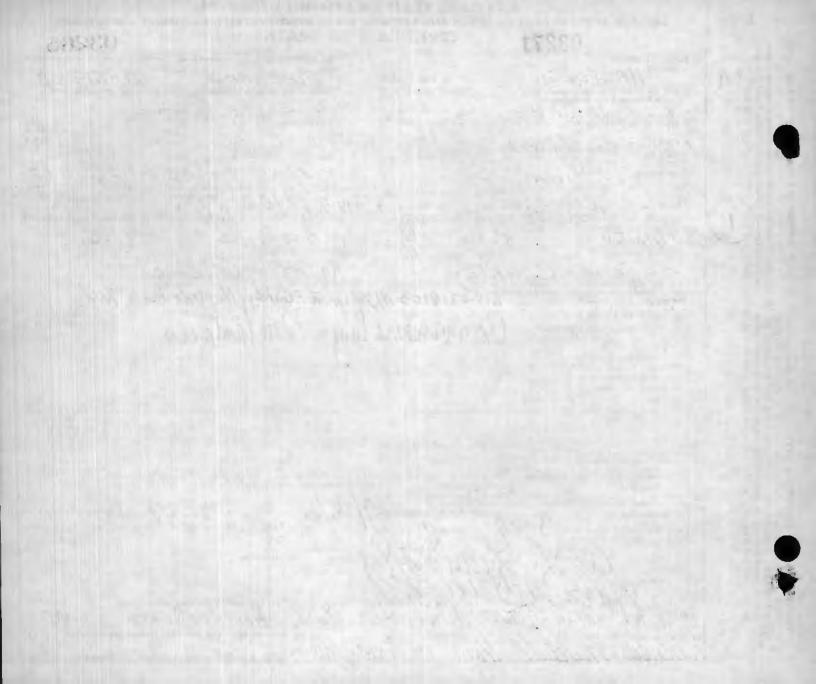
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 03270 funeral I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) e. COUNTY **b.** COUNTY Harford Harford MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) write RURAL and give nearest town) Bel Air Bel Ξ. vears filled in Pages affe d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? North Atwood Road North YES NO A Atwood Road completely 3. NAME OF Middle DECEASED OF (Type or print) Elizabeth 1962 Marv Chambers DEATH March 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) and White Female April b WIDOWED I 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Tennessee S. Laundry Clerk-Typist 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth Massengill John Cantwell 16. SOCIAL SECURITY NO. 17. INFORMANT (Husband) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 3 No (Yes, no, or unkown) | (Ifyasgivewerordatesofservice) Mr. Rothales B. Chambers Bel Air. Md. 215-34-7429H 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 36-48HA [MMEDIATE CAUSE (a) DUE TO ARCINOMATOUS METASTASES Conditions, if any, which gove rise to immediate cause DUE TO (a), stating the underlying CERVICAL CARCINOMA PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY PERFORMED? 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 20d, INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 1 201. (City or town) (County) Month, Dey, Yeer (State) factory, streat, office bldg., etc.) Not While While al work the deceased from 2 12.7, 1961, to 3 12.2, 19.6.7 that (1) (we) last 19.6.2, and that death occurred 8.50M, from the causes and on the date stated above. DIRECTOS
3 should be 22e. SIGNATURE DIRECTOR director, page be filed with th 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) Lesch. 238, BURIAL, CREMATION, | 236, DATE THEREOF 23d. LOCATION (City, town or county) (Stata) REMOVAL (Specify) Morristown. HamblenCo. Tenn. Jernigan Cemetery Duria 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE . W. Broadwards Williams VR A15 (4) arting S. Mana DATE MAR 2 8 '62 15M 9/60 Bel Air. Maryland JOSEPH W. Foster

MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral hours after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) e. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) .≘ dE Pages 9 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) . IS RESIDENCE d. STREET ADDRESS hours ON A FARM? YES NO S completely 3. NAME OF Day Yeer 72 DECEASED DEATH (Type or print) 19 and cor with 9. AGE (fn years | IF UNDER I YEAR IF UNDER 24 HRS. 5. SE) 7. MARRIED NEVER MARRIED last birthday) Months Days Hours event DIVORCED WIDOWED certificate ng physician ase re-OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR 12. CITIZEN OF WHAT COUNTRY! most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S death 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMAN (If yes give we ror dates of service) (Yes, no, or unkown) 720 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY. MEDIATE CAUSE (+) DUE TO Conditions, if eny, which (b) gave rise to immediate cause DUE TO (a), stating the underlying the the buri cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY CERTIFICATION 98 PERFORMED? NO prior 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Perl I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING (1) CAUSE OF DEATH UF EITHER, NOTIFY MEDICAL EXAMINER 20e, PLACE OF INJURY (Home, ferm, (State) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20f. (City or town) (County) Month, Dev. Yeer fectory, street, office bldg., etc.) While Not While Hour e.m. et work at work DIRECTOR: p.m. 21. I certify that (I) (this haspital) attended the deceased from. Beath occured at 10 from the causes and on the date stated above. saw the deceased alive on., and that 225. DATE 22e. SIGNATURE ATTENDING MED. SIGNED PHYS. director, page is PHYS. DIRECTOR PUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME-(IN 23d. LOCATION (City, town or county) (State) BURIAL. 23c. NAME OF CEMETERY OR CREMAJORY EM H 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **VR A15 (4)** 15M 7/61 DATE

RYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution, Residence before admission a. COUNTY **b.** COUNTY MARYLAND b. CITY OR TOWN (if outside corporete limits, TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 CITY OR write RURAL and give nearest-town) RACE NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO completely 4. DATE Month DECEASED OF DEATH (Type or print) and con carbon it, withir 8. DATE OF BIRTH AGE In years HE UNDER I YEAR 16 COLOR OF RACE MARRIED NEVER MARRIED last birthday) Months | Days Sept.5,1887 WIDOWED T DIVORCED | physician 11. B.RTHPLACE (County & Stele, or largin country) 12, CITIZEN OF WHAT COUNTRY? 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY I done during most of working life, even if retired) ,Ceeil Labor Forman Road State s attending phy Then please r 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Crothers Linton MARV 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yas, no, or unkown) [(If yes give we ror detex of service) 216-20-0703. Mrs C.Leroy McCardell.Rising Sun.Md. Nο 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) **DUE TO** Conditions, if eny, which (b) peve rise to immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY CERTIFIC 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING | CAUSE OF DEATH UF EITHER, NOTIFY MEDICAL EXAMINER 20e, PLACE OF INJURY [Home, ferm, ! 20f. [City or town] (County) 20c. TIME OF INJURY 20d. INJURY OCCURRED Month, Day, Yeer factory, street, office bldg., etc.) While Not While Hour e.m at work at work 21. I certify that (I) (this hospital) attended the deceased from to. Macch 25, 1962 that (1) (we) last 2.5....19(.2., and that death occurred at J.5.5.M, from the causes and on the date stated above. saw the deceased alive on .!! Aa.C. DATE 22ª SIGNATURES STAFF MED. DIRECTOR PHYS director, page to filed with the FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) I. Benson M.D. Port Deposit Md. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town or county) 23a, BURIAL, CREMATION, 236 DATE THEREOF **3-28-196**2 Asbury Cemetery Deposit Md. Rural 25a, REC'D BY REGISTRAR , 25b, REGISTRAR'S SIGNATURE ADDRESS FUNERAL DIRECTORS SEGNATURE VR A1S (4) Perryville, Md JDATEMAR 2 8 '62 Circlian & Flines 15M 7/61

RYLAND STATE DEPARTMENT OF HEALTH



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hin 24 hours after lled in by the funera ages 1 and 2 should be after death.	1 1	PLACE OF DEATH COUNTY Maintenant 2. USUAL RESIDENCE (Where decessed lived, of the form) Maintenant Maintenant	If Institution, Residence before admission OUATY vitte ORAL and give nearest town) a. IS RESIDENCE ON A FARM?
ie be execut. and completely fit carbon papers. P nt, within 72 houn	5	OF DECEASED (Type or print) Ollia Hoke Usnnelly DEATH 3/ SEX 6. COLOR OR RACE 7. MARBED NEVER MARRIED B. DATE OF GIRTH Jest birthde WIDOWED DIVORCED DIVORCED 7/5/1866 95 yrs	Dey Yeer Yeer 19 Ors Months Deys Hours Min.
the death certifical attending physician from please remove val, and in any eve	13.	De. JSUAL OF CUPATION (G ve kind of work one during gross of working life, everythrelized) 10b. KIND OF BUSINESS OR INDUSTRY 11. BISHIPLACE (County & Steele or foreign county one during gross of working life, everythrelized) 12. FATHER'S NAME 14. MOSHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO 17. INFORMANT Addition, no, or unformal (Lifyesgivewerordatesofsarvice)	ith alliance
SICIAN: The law requires that spital or attending physician, rifficate has been signed by the se as the burial-transit permit. For to burial, cremation, or remo	ICATION	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) CARDIAC ARREST DUE TO Conditions, if any, which gave rise to immediata ceuse (b) George rise to immediata ceuse (a), stating the underlying Cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION	GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMEDTY YES NO
ATTENDING PHTS be retained by the hu DIRECTOR: After this ca 3 should be detached for use State Dept. of Health principle.	MEDICAL CERTIF	7	(County) (State) (State) (State) (State) (State)
AS 4/80 MST TO FUNERAL MS 12 V 12 V 12 V 12 V 12 V 13 V 14 V 15 V 16	23	22c. PHYSICIAN'S NAME (Type) GUNTHER D. HIRS CH HAVRE DE GRADA DE CREMATION, 23b DATE THEREOF, REMOVAL (Specify) 3 1962 NAME OF CEMETERY OF CREMATORY 23d. LOGATION ICITY, REMOVAL (Specify) 3 1962 NAME OF CEMETERY OF CREMATORY 23d. LOGATION ICITY, REMOVAL (Specify) 3 1963 NAME OF CEMETERY OF CREMATORY 23d. LOGATION ICITY, REMOVAL (Specify) 25e. REC'D BY REGISTRAR 25b.	POCE, MD Nown or country (State) REGISTRAR'S SIGNATURE (LICHARY & Thomas

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1 0		MARYLAND STATE DEPARTMENT OF HEALTH
16		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03268
n 24 hours after led in by the funeral ages 1 and 2 should s after death.	1.	PLACE OF DEATH 6. COUNTY D. COU
execute completely fil on papers Pa ithin 72 hour.		NAME OF DECEASED (Type or print) SEX O G. COLOR 98 RACE 7, MARRIED NOTE ARRIED 18. DATTOF BIRTY 1. DATE OF DEATH 3/6/62 19 SEX O G. COLOR 98 RACE 7, MARRIED NEVER MARRIED 18. DATTOF BIRTY 19. AGE (In years) IF UNDER 24 HRS
ertificate be nysician and remove carbo iny event, wi	100	Male What , WIDOWED DIVORCED 2/1/892 Joseph Bays Months Deys Hours Min. USDA DCCUPATION (Give kind of work to build of work to define during months months developed to the during months months developed to the during months months developed to the during months Deys Hours Min. 12. CITIZEN OF WHAT COUNTRY Country & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY COU
e attending pl Then please oval, and in a	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURIT NO. 17. INFORMATION Addisses S. Washington S. Washington S., no, or unkown) (Ifyesgive war or detes of service). WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURIT NO. 17. INFORMATION TO SOCIA
The law requires the tending physician. s been signed by the purial-transit permit. It, cremation, or remit.		18. CRUSE OF DEATH (Enter only one ceusa par line for (e), (b) end (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, If eny, which geve rise to immediate cause (e), stefing the underlying DUE TO DUE TO DUE TO
rsicians: hospital or a certificate ha use as the brior to burie	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PROBLEM 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PROBLEM 2. PR
ENDING PH etained by the OR: After this se detached for ept. of Health p	MEDICAL CER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer Hour e.m. P.m. 20d. INJURY OCCURRED Store, Street, office bldg., etc.) 21. Certify that (I) (this hospital) attended the deceased from 1904, to 1904, to 1904, that (I) (we) la
AL DIRECTO		saw the deceased alive on
death. Pag TO FUNER director, pa be filed wit	23	(Specify) FUNENAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS
VR A15 (4)	124	ereces in fam fam de le Date MAR 2 1 '62 Thanks

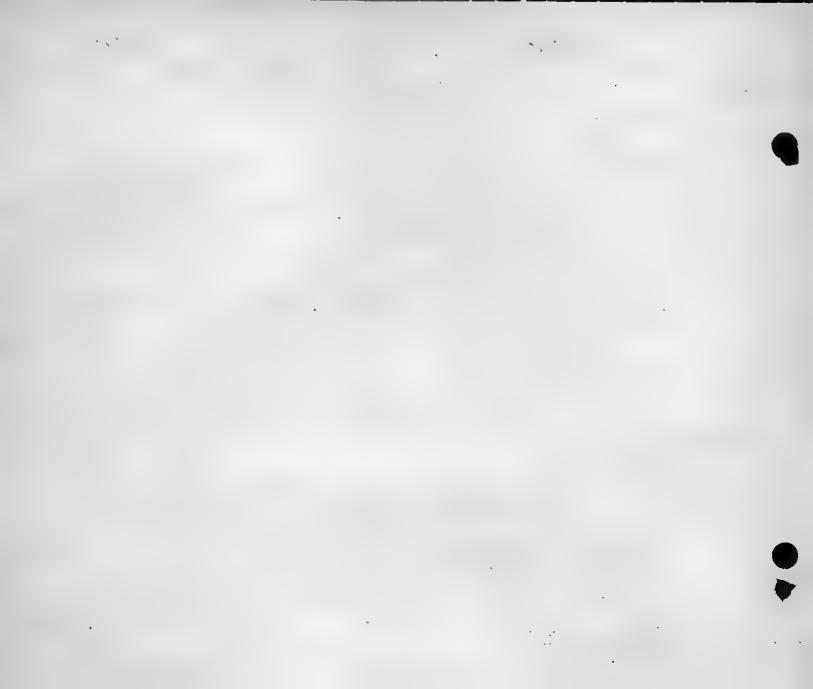


4	يسرا	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1	, MARYLAND
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fuller shoul	W.	1. PLACE OF DEATH a. SOUNT b. COUNT b. COUNT	on: Residence before admission)
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tely f	Thou	3. NAME OF C First Middle Lost 4. DATE Martin 1	Day Year
execute.	EA	(Type of print) Blanche Brown Foster DEATH 3/800	50/ 19
e ec op pe	with	1 CON 1 Nonth	DERT YEAR IF UNDER 24 HRS.
afe t an an re cal	/ent,	Hemale Mark Widow DIVORCED 12/3/1883! 18 yrs.	CITIZEN OF WHAT COUNTRY!
srtific ysicii emov	ny e	done during most of working the eyen if the del	USA.
oth co ig ph aser	E .	13. FATHER'S NAME , 14. MOTHER'S MATEN NAME	
endin n ple	pue	TS. WAS DECEASED EVERTNUS, ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	A 0
at the least The	loval	(Yes, no, or unity) ((Ilyesgivewerordalesofservice) (Myburown John alems 3128 708	My cure,
es tha cian. by th rmit.	Lem Lem	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b, end (c).) PART I, DEATH WAS CAUSED BY,	INTERVAL BETWEEN ONSET AND DEATH
bquir shysic ned ned	o, no	IMMEDIATE CAUSE (a) Cor any Omen Tour	<u> </u>
aw raing print sign	matic	[Conditions, If eny, which] (b) Orderaleadic Heard Disease.	
The I ttend to bee	J, cre	gave rise to immediate couse (a), stelling the underlying DUE TO	
he para	buria	cause lest. [c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART I(a) 19. WAS AUTOPSY
ICIA spital tifical	8 (CATIO	YES NO
HYS e ho s cer or us	prio	20a. ACC DENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH OF ITEM INTERPRETATION CONTRIBUTION	
er thin	tileel!		(County) (State)
ned I	2	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, ferm, 20f. (City or town) Hour a.m. Whila Not Whila (actory, street, office bldg., etc.)	
T et al.	Dept.	21. I certify that (I) (this hospital) attended the deceased from 3.1262, 1963 to	
S S Pinor	tate	saw the deceased alive on3 25 19 57 and that death occured at 5	on the date stated above 22b. DATE
3 S S S	를 S	M.D. PHYS. DIRECTOR PHYS.	3 22 61
Page	長	22c, PHYSICIAN'S NAME (Type) 22d. ADDRESS	
Chor, Post	8	238 CERIAL CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CHEMITORY 23d. LOCATION (City, town or or	oyny (State)
D P D I P	2	REMOVAL (Spacify) 3/23/62 angel Hill Have de T	lace Ma
VR A15 (R'S SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH



	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	03276 CERTIFICATE OF DEATH 03270
1	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmis a. COUNTY HARTORG MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmis b. COUNTY Harford
7	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) / write RURAL and give nearest lown)
1	d, NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g ve streat eddress) afford Hemorial Ansolial
	NAME OF First Middle Lest 4. DATE Month Dey Year OF
)	SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED 8. DATE OF BIRTH 19. AGE IN YEAR IF UNDER 14 PAR IF UNDER 24
1	male white WIDOWED DIVORCED Mar. 22, 1962
	USUAL OCCUPATION (G ve find of work no difference of the country) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHP ACE (County & State or foreign country) 12 CITIZEN OF WHAT COUNTRY none NAME AND
	FAVHER'S MAINE 14 MOZHER'S MAIDEN MAINE
	HAPOID OALLAWAY DEPNAGE HE Address WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
	none none (Ifyesgivewerordalesofservice) none Harold L. Gallaway Edgewood Maryland
	18 CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c)
	PART I. DEATH WAS CAUSED BY.
	Conditions, if any, which (b)
	gave rise to immediata causa
	cause last. (c)
0	PART I. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTO
	YES NO 20a ACCIDENT WAS JNDERLYING 20b. DESCRIBE HOW INJURY OCCURED (Enter neture of injury in Pert I or Pert I, of Itam 18.) OR CONTRIBUTING CAUSE OF DEATH
	OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)
	20c TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm. 20f. (City or lown) (County) (Stell Hour m.m. While Not While at work at work 19 m. 19
	21. I certify that (I) (this hospital) attended the deceased from
	saw the deceased blive on
	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 7
2	22c. Physician's NAME (Type) Louis Kahan 22d. Address Edgewood Maryland
1	
	Burial, CREMATION, 23b. Date THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Buelal Mar. 73, 1962 St. Stephen's Bradshaw Balto. Md
0	ADDRESS 25% REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
1	Howard K. Mc Comas & Bon Abingdon Maryland Date MAR 2 7'62 Cotton S. Thomas



// "	Trems 18-21 Film 308 MARYLAND STATE DEPARTMENT OF HEALTH	
Touch .	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
/ FOR STATE	93277 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.,	1. PLACE OF DEATH	n)
2 8 4	. COUNTY Horitord . STATE MARYLAND . COUNTY Horitord	
Head Head	b. CITY OR TOWN (if ouls de corporate limits, c LENGTH OF STAY IN 1b c. CITY OR TOWN (if oulside corporate limits, write RURAL and give nearest town)	_
of of or	write RURAL and give neerest town)	
dire X	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	
eral od de od s	ROMET HOUSE NIMBO STREET YES NOD	
Tun Tun Tun State State	3. NAME OF DECERSED 4. DATE Month Day Year	
the the	(Type or print) JAMES Thomas That 1 PEATH March 3 1962)
afte	5. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR	_
may 2 w	WIDOWED DIVORCED March 23, 1892 69 yrs. Months Days Hours Min.	
Pad S. 2	10b. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR	.Y?
Pages 1	Truck Driver Trimsportation TENNESSEE, U.S.A.	
A 20.00年	13. FATHER'S NAME	
2 9 5 5 TH	Muknowy Hatcher Unknowy	
28.08 で 15.00 で 15.00 10.00	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (SOL) Address R. F. D. ± 1	
er all the second secon	YES WW # 1 216-01-1655 MOJACK E. HATCHER BEI APRIMANYHOOD	
사 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전	18. CRUSE OF DEATH [Enter only one cause per time for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY: ONSET AND DEATH	
× 5 5 6	immediate cause (a) 1/7/19/1/1/ Fracture skull	
D 0 0 0 0	700.6 DUE TO	
\$ 5 5 5 <u>6</u>	Conditions, if eny, which (b)	_
2 2 2 2	(a), stating the underlying DUE TO	
ri, o	Eduse last. (c)	
Taring and the state of the sta	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS: PERFORMED? YES No	
Wood Wood		1
# * * * * * * * * * * * * * * * * * * *	20a. EXTERNAL CAJSE WAS 20b. DESCRIBE HOW, NJURY OCCURED. (Enter nature of in, ury in Part II of item 18.) FRIMARY A or CONTRIBUTING 5 CAJSE of DEACH. Fell over backward & struck head on concrete	
N Table	ZOc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, , 20f. (City or town) (County)	
A SOSE /	Hour same While Not While Steps-CourtHouse! Bel Air Harford Md.	
2000年の長	21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion	
異談は引	death resulted from Natural causes . Accident X. Suicide . Homicide . Undetermined manner X	
	CHIEF MEDICAL EXAMINER R A 4 is THE	
E FOD	ACTUAL Levalue C Talmer M.D. ASSISTANT MEDICAL EXAM, NER DATE BIGNED	
ecute be fo RAL ignate	OFFILITY MED CAL EXAMINER M)
DEPUTT M ease execute should be for FUNERAL 1 its designate	Address (Street, City, fown, or county)	-
Sase Shou its	22a. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)	
Dg 4 Dg	BuriAl March 6,1962 17th. Tithor Rural BEL Afry Hearford Co., Maryland ADDRESS 248. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	
VS. AISME	W. Broadway and Williams St. 182 11 11 8 9 5000	
5M 9160	DATE THE DATE TO DATE THE DATE THE TOTAL DATE THE T	=
3.7		



	Division of STATISTICAL RESEARCH AND RECORDS,	, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
FOR STATE	## ## ## ## ## ## ## ## ## ## ## ## ##	CERTIFICATE OF DEATH 0327	2
HEALTH DERT.	I. PLACE OF DEATH 8. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before adm	nission
الما المادة المراجعة	Harford County MARYLAND	•. STATE Maryland b. COUNTY Harford	
いるである。	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (It outside corporate limits, write RURAL and give nearest fown)	
ried your	Fallston	X Fallston	
Soa Y	d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street eddress)	d. STREET ADDRESS ON A F	
or mer med ate	Laurel Brook Road		10 🔲
ha fu ha fu e Sta dea	3. NAME OF DECEASED (Type or print) CLINTON B. JAMES	Last 4. DATE Month Day Year OF	
		DEATH March 13 19 62	
deal lod 3 with	WANGED IN MAKINED		Min.
75 m 5 m 6 2	MALE WIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTR	(1) BY 11. BY THE LITTLE OF TOTAL COUNTRY 11. BY THE COUNTRY 12. CITIZEN OF WHAT COUNTRY	la tenar
12.72	dong during most of working life, even if retired)	10 10 10 10 10 10 10 10 10 10 10 10 10 1	JIVIKT
Pour Pour Pour Pour Pour Pour Pour Pour	AS, FATHER SNAME	1 14. MOTHER'S MAIDEN NAME	
I Beer 22	Japan / mis Damas	I MURD 10 Jahren	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	INFORMANT Address	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Yes, not or unknown) (If yes give wer or dates at service) Who in 1257	HVORIS M. James San	200
The Land	18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWE	EEN
exection in	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxia	ONSET AND DEA	ATH
bences a series	842.9 DUE TO		- 1
Purity V	Conditions, it eny, which) (b) Carbon monoxid	e poisoning	
LS COL	gave rise to immediate cause (e), stating the underlying DUE TO		
icat endi mine 9d a	cause lest. (c)		
Exal	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO PERFORM	OPSY SED?
his cal cal d b	3	YES ICK HO	
He vine vine vine vine vine vine vine vin	PRIMARY or CONTRIBUTING	Enter nature of injury in Pert I or Pert II of Item 18.)	
ing 3 s		CP AP MILION (1) I 1 1 1 1	
### 5 ge / -	Hour s.m. WhileNot While isch	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Statory, street, office bidg., etc.)	ato)
cate, cate, o the DR: F			
AL POTO	21. I certify that I took charge of the remains described above, he death resulted from Natural causes \(\) Accident \(\) Suici	VAN	HON
Cer Serde SEC	death resulted from Natural causes Accident Suici	CHIEF MEDICAL EXAMINER [
forwaried of	ACTUAL MICHELL VILLE CHICKE	ACCICTANT INCOICAL EVALUNCO (VOC	en
Share of the state	SIGNATURE	DEPUTY MEDICAL EXAMINER TI	
DEPUTE Mease execute should be to FUNERAL. its designate	Rudiger Breitenecker, M.D.	Address (Street, city, town, or county) March 14, 1962	
DEPU ease exc should FUNEI is desi	220, BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)		1
5 g 4 5 g	BURIA 3/17/62 HULU Rea	Leemen BALTIMORE M	d
VS. AISME	23. FUNERAL DIRECTOR , ADDRESS	248. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	
5M 9/60	X H. la che ma, 530. Hayford to	DATE MAR 1 9 '62 1 -1 : & Kinus	

53-4927 25 MARYLAND STATE DEPARTMENT OF HEALTH



1 4	į.				EPARTMENT OF HEALT	
_ (1		0327	AL RESEARCH AND RECORD 70 CERTIFICA	TE OF DEATH	, BALTIMORE 1, MARYLAND 03273
funera should			PLACE OF DEATH) <u>J. </u>	2. USUAL RESIDENCE (Where do	ecessed I ved, if institution; Residence before edmission) b. COUNTY
S SELVI	}	_	arford CITY OR TOWN (if outside corporete lin	m ts. c LENGTH OF STAY IN 18	Md •	narford orata limits, write RURAL and give neerest town)
d in by	9		write RURAL and give nearest town) "Thiteford	63 yrs.	X Whiteford	
s. Page	X		NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS	ON A FARM?
olete aper			NAME OF Fir		Last 4. DATE OF	Month Dey Yeer
S S S)			0,1 1,0	Ones DEATH 8. DATE OF BIRTH	AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS.
A PAS	- /		male White	7. MARRIED NEVER MARRIED DIVORCED DIVORCED	7	last birthday) Months Days Hours Min.
ficate cian a cove cove cove		10e do	USUAL OCCUPATION (Give kind of working life, even if reti	ork 10b. KIND OF BUSINESS OR INDUS	TRY 11. B RTHPLACE (County & State, or	
h certi physi se rem n any		13.	Laborer FATHER'S NAME	State Roads	hiteford, Mid.	
ding ding plear nd i			John Jones		Carrie I	reston
atten Then vval, a		15. {Ye	WAS DECEASED EVER IN U.S. ARMED FO I, ng. or unkown) (If yes give we ror detes o	ORCES? 16. SOCIAL SECURITY NO. 17. of service) 1.98-07-8652	Mrs. ledia Jones	Address Whiteford . L.d.
Had Figure 1997			18. CAUSE OF DEATH [Enter only or	ne ceuse per ine for (a), (b), end (c).]		INTERVAL BETWEEN
uires /sicia d by perm perm			PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c	(o) promo	my Mhom	bons human DEATH
red phy igne ins t fron,			DUE TO		LA Oil	Driems
law ding sen s sel-tra ema			Conditions, if any, which geve rise to Immediate ceuse	bi aut Helli	tensore C-6	Liberener
The attents be burie			(e), steting the underlying DUE To	ro		
A: A: B:		z	PART II. OTHER SIGNIFICANT CON	(c)	NOT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY
CITA o tal ficat ficat to	Ò	ATIO	Ros O	a Comple		PERFORMED?
YSI hosp certi use prior		TIFIC	208. ACCIDENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCCUR	ED, (Enter neture of injury in Pert I or Part I	
# 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		E.	OR CONTRIBUTING TO CAUSE OF DEATH	R)		
DING ned by After etached		MEDICAL	20c. TIME OF INJURY Month, Day, Y Hour a.m. 19	Yeer 20d. (NJURY OCCURRED 20e. P While Not While et work et work	LACE OF INJURY (Home, ferm, 20f. (Cirectory, street, office bldg., etc.)	y or town) (County) (State)
TEN TEN OR: Pept.			21. I certify that (I) (this begg	pital) attended the deceased from	n 1945, to	June 2, 1962, That (1) (40) las
F S C P P P P P P P P P P P P P P P P P P			saw the deceased alive on	lach 22 1962 and th	at death occured at. M., from	n the causes and on the date stated above
DIR.			220. SIGNATURE	3 Hourt	ATTENDING MED.	STAFF PHYS. 22b. DATE 22c. GIGNED 2-5/6-2
AL AL Ph th th	,		22c. PHYSICIAN'S	7 - 61	M D PHYS. DIRECTOR L	J PATS. □
W.P. B.			NAME (Type) Josiah	A. Hunt	Pelta, Pe	enna.
FU.		238	BURIAL, CREMATION, 23b. DATE TH	HEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOC	ATION (City, Iown or county) (State)
ဂုန္ဂ်င္အန္		_	Jurial Mar. 26	6,196a Mt. Neb		Delta, Penna.
VR A15 (4)		1/4	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Delta	Penna . Parmar 2 7 160	
15M 9/60	1		10100 14. 1400000	-610a	paremar 2 7 '62	Orthur S. France



W. PRESTON STREET, BALTIMORE 1, MARYLAND **DIVISION OF STATISTICAL RESEARCH** CERTIFICATE OF DEATH USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission) 1. PLACE OF DEATH b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporete I mils, write RURAL end give nearest town) EDEGRARE IS RESIDENCE ON A FARM? YES NO K completely 3. NAME OF DATE Middle Yeer DECEASED OF DEATH (Type or print) and cor 5 SEX IF UNDER 1 YEAR IF UNDER 24 HRS. AGE (In years RACE 7. MARRIED T NEVER MARRIED last buthday) Months Days Hours WIDOWED TO DIVORCED remove any even 12 CITIZEN OF WHAT COUNTRY? most of working I (g, even if retired) MOTHER'S MAIDEN NAME (Yas, no, or unkown) (If yes give wer or detes of service) INTERVAL BETWEEN 18. CAUSE OF DEATH linier only one cause per line for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which rb) gave rise to immediate cause DUE TO (a), stating the underlying cause lest. PART II OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? NO F 20a ACCIDENT WAS UNDERLYING TI 20b. DESCRIBE HOW NURY OCCURED, (Enter nature of injury in Port I or Port I of tem 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) (Stete) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f. (City or town) fectory, street, office bldg , etc.) Not While YED! Hour e.m. at work at work 1965 That (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from ... A.M. from the causes and on the date stated above. 2 and that death occured at. 22b. DATE 220 BIGHATUR SIGNED ATTENDING STAFF TO FUNERAL director, page 3 be filed with the PHYS. M.D 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d LOCATION (City, town or county) (State) 23c. NAME OF CEMETERY, OR CREMATORY 23a. BURIAL CREMATION 236 DATE THEREOF REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) Ledwa S. Thomas



1		MARYLAND STATE DEPARTMENT OF HEALTH	P a 10 A DVI AACD
		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMOR 13291 CERTIFICATE OF DEATH	03275
xecute n 24 hours after mapletely infection and 2 should in 72 hours after realth		PLACE OF DEATH COUNTY Harford COUNTY Harford COUNTY Harford COUNTY MARYLAND C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town) Aberdeen C. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, ove street address US Army Hospital, Aberdeen Proving Ground, Maryland NAME OF HOSPITAL OR INSTITUTION (if not in hospital, ove street address US Army Hospital, Aberdeen Proving Ground, Maryland Name OF HOSPITAL OR INSTITUTION (if not in hospital, ove street address Whiddle Last Apt B=12=2 Lincoln Ave Name OF Hospital OF DEATH March 30	URAL and give neerest lown) e, IS RESIDENCE ON A FARM? YES NO
and co	J _	SEX 6. COLOR OR RACE, 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In yeers IF	
physician as eremove c	104 de	USJAL OCCUPATION (Give kind of work ne during most of working ite even if retired) N/A FATHER'S NAME 10b. KIND OF BUSINESS OR INDUSTRY US Army Hospital, Aberdeen N/A Proving Ground, Md 14. MOTHER'S MAIDEN NAME	12. CITIZEN OF WHAT COUNTRY
ATTENDING PHYSICIAN: The law requires that the death to retained by the hospital or attending physician. DIRECTOR: After this certificate has been signed by the attending should be detached for use as the burial-transit permit. Then please State Dept. of Health prior to burial, cremation, or removal, and it	MEDICAL CERTIFICATION	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Immediate cause (b) Immediate cause (b) gave rise to immediate cause (a), stefing the underlying (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN 20s. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item IB.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURED 20e. PLACE OF INJURY (Home, farm, 20f. (C by or town)	(County) (State) , 1962, that (I) (we) last and on the date stated above 22b. DATE , SIGNED
TO HOSPIAL death, TO FUNERAL director, page be filed with th	23	22d, ADDRESS US Army Hospita. JOHN R MAD ISON, Captain, MC BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. ADDRESS US Army Hospita. Aberdeen Proving Ground, MAD ISON, Captain, MC 23d. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town)	Maryland
VR A15 (4) 15M 9/60	24	FUNERAD DIRECTOR & STENATURE Clien de la DURESS DATE APR 4 162	itrar's signature

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	DIVISION OF STATISTICAL RESEARCH AND REC	CATE OF DEATH	03276
٦	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceases	J lived, If Institution: Res'dence before ed b. COUNTY
/ -	Harford b. CITY OR TOWN (if outside corporate mils, c. LENGTH OF STAWN) write RURAL and give neerest town)		ford imits, write RURAL and give neerest town
t -	Aberdeen N/A d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street add US Army Hospital, Aberdeen Proving	Aberdeen d. STREET ADDRESS	e. IS RES
	Ground, Maryland NAME OF Frst Middle	Apt Bel2e2 Lincoln	Ave YES Day Year
	(Twin 19	LANG DEATH	mrch 30, 1962 19
	. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIE	1050	(In years IF UNDER 1 YEAR IF UNDER birthdey) Months Days Hours
Ī	Female Caucasian WIDOWED DIVORCE Da. USJAL OCCUPATION (Give kind of work fore during most of working life, even if retired) 10b. KIND OF BUSINESS OF MOST AND ADDRESS OF MOST ADDRESS OF MOS		yes. , 2
	N/A N/A NAME	Proving Ground, Mary	THE A
	Richard Leroy Lang	Judy Lorene Craig	
	5 WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY Newspaper (If yes give we rordates of service)		Address
-	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (Richard L Lang(father) S	same as Item 2 abov
	777 \$ 00000		
	Conditions, if eny, which gove rise to immediate cause (a), stating the underlying cause lest, PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEAT	TH BUT NOT RELATED TO THE TERM NAL DISEASE COND	PERFO
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1 1		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03277
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IR IIR Id be de		ACTUAL SIGNATURE Thomas Frakerman. Shedeen Proung ground Houp., M
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₩ ₩ VR A1S (4)	00	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
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1	02	MARY	LAND STATE DEPAR	TMENT OF HEALTH	
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1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
T	03288 CERTIFICATE OF DEATH 03282
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#24 #24	HARFORD MARYLAND b. CITY OR TOWN (if ourside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if ourside corporate limits, write RURAL and give nearest town)
in by	HAVRE DE GRACE 4 HRS. A BERDEEN
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Series 2 No.	HARFORD MEMORIAI HOSP, RD Z YES NO Day Year DECEASED OF DAY
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요없걸음	saw the deceased alive on. March 10 19 62 and that death occurred at 2. M., from the causes and on the date stated above.
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VR A15 [4]	24 FUNEFAL DIRECTOR'S SIGNATURE Tarring ADDRESS PAR Aberdeen, Md. DATE MAR 1 6 '62 Color & Turner
C.M	John G. Tarring



1	MARY DIVISION OF STATISTICAL RESEA	LAND STATE DEPARTMENT OF HEALTH	ABALTIMORE 1, MARYLAND
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e be ex and con carbon at within	5 SEX 6. COLOR OR RACE 7. MARRI Liale White Widow	ED 🗌 DIVORCED 🔲 November 9, 1949	AGE (In years I IF UNDER 1 YEAR IF UNDER 24 HRS. last barhday) Months Deys Hours Min.
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pures the year and year met.	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	an premova	INTERVAL BETWEEN ONSET AND DEATH
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It. The property of the purish, cr	gave rise to immediate couse (a), stating the underlying couse lest. (c)		
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PHY:	OR CONTRIBUTING [] CAUSE OF DEATH O (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II)	
NDING Inhed by R. Affer detache t. of He	ZOc. TIME OF INJURY Month, Day, Year 20d. Hour e.m. While the p.m. 19 of wo	rk et work	
ATTE be reta ECTO Suld be ste Dep	saw the deceased alive on. 3: 2	319	
LE DIR	220 SIGNATURE 2012 PHYSICIAN'S	M.D ATTENDING MED. PHYS. DIRECTOR DIRECTOR 22d. ADDRESS	STAFF 3/25/62 DATE
death. P. C. death. P. C. death. P. C. director, page be filed with the	NAME /Tunel	almer, M.D. S. Lain St.,	Bel Air, Maryland TION (City, town or county) (Siete)
H P A	Burial 3/26/1962	Bel Air Memorial Gardens Be	
VR A15 (4) 15M 9/60	DI 10 7.0 7.1	coadways & Williams 25. REC'D BY REGISTE DATE MAR 2 1'02	



1 1	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	13290 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPK	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution Residence Decision admission
Sage Sage	e. COUNTY A . STATE Md . b. COUNTY
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give near ast town) write RURAL and give near ast town)
A vocto	70,450 Balto. 3481-4
\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AND STREET
ny c funeral asined h state eath.	3. NAME OF A First Addia Last Last Apare Month Day
if and the first refared and dead	S. NAME OF DECEASED GETTER First C Middle Last 14. DATE Month Day Year OF DECEASED (Type or print) GETTER 3
45 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	5. SEX . 6. COLOR DR RACE 7 MARRIED NEVER MARRIED 8. DAVE OF BIRTH 9. AGE IID MARRIED LYPAR I IF LINDER 24 HDC
I Say	WIDOWED DIVORCED Jan. 10, 1913 Hours Min.
2 h 2 h	10a USUAL OCCUPATION (Give kind of work done during most of working I fe, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 1
ours Pag ss 1	Ass't Foreman, Kane Warehouse Co. Md. USA
24 h M3. Mith with	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MAUGE MAUGE
8. Givi form F it. File	
27415	(Yes, no, or unkown) (Ifyasg vewerordstasofservice) MFS HELEN MONUGOMERY
litem Ifem With	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]
exection in the state of the st	PART I DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) & Stock cranic ciriliran injury
15e pend ce a ial-tr	Sanditions if any which ? Transaction of acorta (
olffii Offii Duri	Conditions, if any, which (b)
dima dima ner's as a	(a), stelling the underlying DUETO
hifica Samir Sed Sn, c	cause lest. (c) PART J. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4): 19. WAS AUTOPSY
ord vord was	PART J OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(*) 19. WAS AUTOPSY PERFORMED? PERFORMED? YES NO CONTRIBUTING CO. LETTERNAL CAUSE WAS 120b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Part 1 or Part 11 of Jiem 18)
ould cree	206. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Pert I or Part II of Jem 18)
NER. ng th of M 3 sh urial,	
Chiring of the Control of the Contro	2Dc. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (State) Hour a.m. 7444
EX.A	p.m. 19 at work of work 10
AL JAIL JAIL JAIL JAIL JAIL JAIL JAIL JA	21, I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion
arde REC	death resulted from. Natural causes, Accident, Suicide, Homicide, Undetermined manner
the of the party o	ACTUAL ASSISTANT MEDICAL EVANIANCE OF
execution of the following the	EXAMINER'S DEPUTY MEDICAL EXAMINER 3 25 62
DLE U	NAME (Type) Address (Street, city, town, or county)
	226. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 3/28/62
0 240 5	Burial 3/28/62 Holy Rosary Cemty. Balto.Md. 23. FUNERAL DIRECTOR ADDRESS 24a, "REC'D BY REGISTRAR'S SIGNATURE
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1		MARYLAND STATE DEPARTMENT OF HEALTH		
		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, A	MARYLAND 02285	
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tal cate	8	PART II. OTHER S GRIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P	PERFWRMED?	
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HY is ce for a		De. ACCIDENT WAS UNDERLYING [] 206. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.) R CONTRIBUTING [CAUSE OF DEATH FEITHER, NOTIFY MEDICAL EXAMINER]		
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VR A15 (4)		JNERAL DIRECTOR'S SIGNATURE ADDRESS 258, REC'D BY REGISTRAR 256, REGISTRAF	r's signature of S. Hama	
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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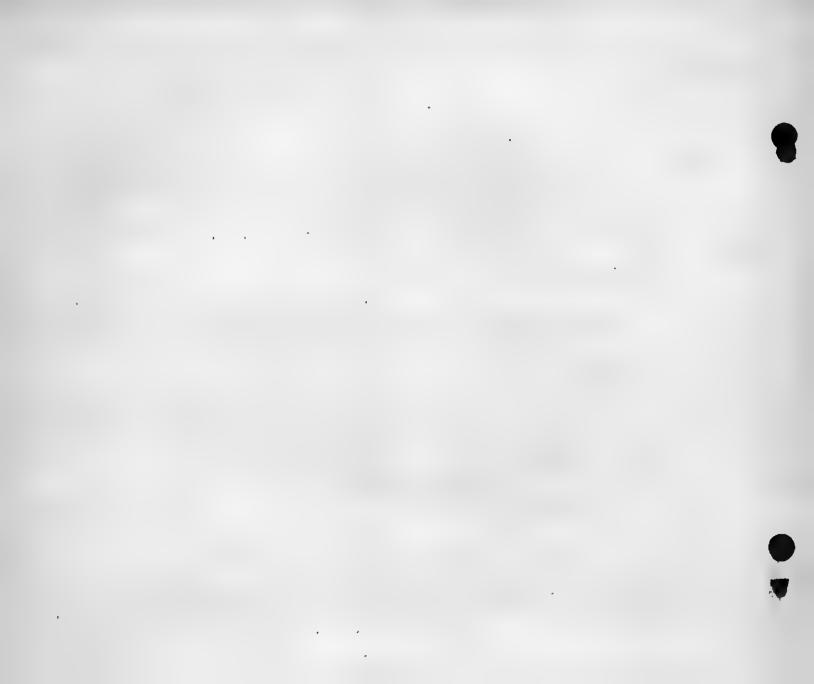
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12 11	MARYLAND STATE DEPARTMENT OF HEALTH				
\wedge	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND				
FOR STATE	63293 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03285				
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before edmission)				
ssary, Page Iles, ealth,	a. COUNTY Harry MARYLAND O. STATE MA b. COUNTY Harry				
necessary actor, Page our files,	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and offer neerest town)				
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Pac Pac In 7	FREMAN COVERNMENT-CIV. SERVICE VIRGINIA VISIT				
24 hours PM3. P	13. FATHER'S NAME				
*** - ()	JAMES Robert Patrick Sally HESS				
I Series	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (300) Address RFS = 2, Box 216				
with 18 with 19 permit	NO - 212-18-8781 Mr. Homer B. Patrick Dardington, Maryland				
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]				
axecili in long long snsit) PART I. DEATH WAS CAUSED BY, CONORAY OCCUSION.				
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Chick Chick	Hour a.m. " While Not While lectory, street, office bldg., etc.)				
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1.5 50 5	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection in Inquiry . and in my opinion				
MACALIFICATION OF THE STATE OF	death resulted from: Natural causes XI, Accident , Suicide . Homicide , Undetermined manner				
war I ag	CHIEF MEDICAL EXAMINER [BOLAN, WI				
To of the state of	SIGNATURE LEVELLE CALMED M.D. ASSISTANT MEDICAL EXAMINER (DATE SIGNED				
PORT I	EXAMINER'S (- // P P) DEPUTY MEDICAL EXAMINER D				
Par	NAME (Type) D-CTJIM () MCJWIII Address (Street, city, town or county)				
DEPORT Mease execute should be for FUNERAL rits designate	226. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)				
5 <u>4</u> 4 5 2	Burial March 20,1962 Southern CEMETERY Dublin, Harland Co., Maryland				
NE AIRINE &	23. FUNERAL DIRECTOR W. Broadway and Williams 24. WAR 2 1 '62 Continue & War.				
VS. AISME	Traffic WAR 21 '62 arthur & Trama				
	Joseph W. Foster				

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DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03294 CERTIFICATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before edmission) a. COUNTY **b.** COUNTY MARYLAND b. CITY OR FOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If Butside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) HAURE d. STREET ADDRESS dE GEACE IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street address ON A FARM? YES TO NO X NAME OF Middle DECEASED DEATH (Type or print) IF UNDER 24 HRS. AGE (In years | IF UNDER I YEAR 5. SEX COLOR OR RACE 7, MARRIED NEVER MARRIED last birthday) Months . WIDOWED X DIVORCED 12. CITIZEN OF WHAT COUNTRY? physician (County & State, or fore on country) done during most of working life, even if retired) MISEW 14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. AS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, no. or unkown) | (If yes give war or datas of service) INTERVAL BETWEEN 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), sletting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO X 20b, DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) 20a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, ! (County) 20f. (City or lown) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED fectory, street, office bldg., etc.) While Not While at work at work p.m. 21 I certify that (I) (this hospital) attended the deceased from to. 45M. from the causes and on the date stated above. 19- and that death occured at 2 22b. DATE /SIGNED ATTENDING DIRECTOR PHYS. PHYS. M Ps 22d. ADDRESS 22c. PHYSICIANIS death
TO FUNER
director, p 23d. LOCATION (City, town 230. BURIAN 23c. NAME OF CEMETERY OR CREMATORY CREMATION, 23b. DIRECTOR'S SIGNATURE VR A15 (4) 15M 7/61



	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03289
MEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed I ved, If Institution, Residence before adupssion)
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	b. CITY OR TOWN (I outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)
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nec rate	3. NAME Of First Middle Last 14. DATE / Month Day Year
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THE RESERVE	13. FATHER'S NAME
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for the second	15. WAS FECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. ENFORMANT (Yes, no, grystown) (Ifyes give war or dates of service)
De illing	(Yes, no. grundown) (Ifyes g. Yes war or dates of service) 2/3-14-8374 Mrs. Cessie Rakes Conowingo, Md.
out to the cutter of the cutte	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I DEATH WAS CAUSED BY. ONSET AND DEATH ONSET AND DEATH
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agriculture C	PART II. OTHER S.GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND.TION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO
G Election	20a. EXTERNAL CAUSE WAS 20b. DESCR.BE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Part II of Item 18.)
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The Twa	ACTUAL PLANT PROPERTY OF PLANT OF PLANT WELL EXAMINER Bel Air nd.
/S W	SIGNATURE AND ASSISIANI MEDICAL EXAM, NEK
executed be for ERAL esignation	EXAMINER'S Ge-110 CPJIM PMD Address (Street, city, town or county) 3-10-62
L de la	Address (Street, city, town, or county) 22e. BUR, AL, CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)
O 9 4 0 9	REMOVAL (Specify)
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VS. ATSME	9/man & Mith. 1/2 Riving Sun Md
5M 9/60	Tomm 6. Millen 18,5, ng Jun, 10, DATE MAR 1 3 '62 Culling & theme

MARYLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FAITH DEPT I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decresed lived, If institution; Residence before edmission) COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give negrest town? Havre_de_Grace d. NAME OF ROSPITAL OF INSTITUTION (if not in hospitel, give street eddress) IS RES.DENCE ON A FARM? Harford Memorial Hospital YES NO 1 Swann Harbor Dell NAME OF DECEASED (Type or print) DEATH 18 19 62 HE UNDER 1 YEAR LIFT UNDER 27 HRS. death, I 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH but birthday) Months WIDOWED [... D. VORCED 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or fore gn co ... 12. CIT.ZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A., Hospital Nurse's Aid Penna., 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John F. Smith Emma Hoover 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unknown) | (If yes pive wer or detes of service) Wilbur E. Shue Havre de Grace Maryland. 162-10-1723 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN Office along PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Laceration hepatic artery ONSET AND DEATH DUE TO Conditions, if any, which Twuma gave rise to immediate cause DUE TO (e), steling the underlying Examiner pesn cremation PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+)] 19, WAS AUTOPSY 9 PERFORMED? Medical | should be NO F 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Not know 20c. TIME OF INJURY 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, form, 1 20f., (City or lown) (County) (Stete) TO DELOTE IN CAL EXAM please execute the certificate, write the Carl ficulty of TO PUNERAL DIRECTOR: Pagor its designated essent, prior to factory, street, office bldg., etc.) While Not While Hour s.m. el work el work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection T designated agent, Homicide T. Undetermined manner death resulted from. Natural causes Suicide CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED Bel Air, Md. DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) 220. BURIAL, CREMATION, 225 DATE HEREOF Address (Street, city, town, or county) 22d. LOCATION (City, town, or country AME OF CEMETERY OR CREMATORY · REMOVAL (Specify) Air Memorial Gardens | Bel Air Harford, Maryland press | 240. REC'D BY REGISTRAR | 240. REGISTRAR'S SIGNATURE 23. JUNERAL DIRECTOR ADDRESS VS. AISME 5M 9/60 arthur & House Comas & Son, Abingdon, N Maryland

MARYLAND STATE DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH Reg. Dist. N. 3291 director PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased fived If institution Residence before admission) o. COUNTY filed b. COUNTY MARYLAND artor funeral b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 þe c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL-and give represt town) by the fune d 2 should I d NAME OF HOSPITAL (If not in hospitol, give street oddress)
OR INSTITUTION mins. Rocks d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO puo 2. NAME OF DECEASED 4. DATE Middle Lost Month Day Year filled. OF Pages DEATH (Type or print) Stillie Carroll Rice Mrch 19 62 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED B. DATE OF BIRTH campietely lost birthday) Months Dovs Hours WIDOWED | DIVORCED | Colored papers. ila le 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? bon papi er death. during most of working life, even if retired) and Laborer Farm Rocks. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician ğ lilliam. Laura Sands гетоме haurs 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address offending 7-18-2555 Rocks. Creola Rice Νo Hrz. ease within 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY mm edin IMMEDIATE CAUSE (o) **DUE TO** terrischrotic Cardiovoscular Disease Conditions, if ony, which gove rise to immediate DUE TO couse (o), stating the underand lying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES I NO D 20a. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH 20e. PLACE OF INJURY (Home, form, 20f (City or town) Month, Doy, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg, etc.) While Not while NONE of work of work NONE 21. I certify that I attended the deceased from. 19___that I last sow the deceased and that death occurred at 200 P'M, from the couses and an the date stated above. alive on. TO FUNERAL DIRECTOR: ADDRESS (Street, city or town, state) **ACTUAL** SIGNATURE prior 3 shauld PHYSICIAN'S NAME (Type) 220 BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, fown, or county (Stote) page REMOVAL (Specify) 2 ethodi Rocks Buria 24b. REGISTRAR'S, SIGNATURE 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03298CERTIFICATE OF DEATH funeral hours after . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) **a.** COUNTY b. COUNTY Harford by the and 2 death. Maryland arford MARYLAND b. CITY OR TOWN (if outside corporete tim.ls, LENGTH OF STAY IN 16 c. CiTY OR TOWN (If outside corporate I mits, write RURAL and give nearest town) write RURAL and give neerast town) Cardiff months Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS e. 15 RESIDENCE ON A FARM? YES NO IX completely papers. 3. NAME OF F rst 4. DATE Yeer Middle Last Month Day DECEASED (Type or print) DEATH ELLEN 1962 JANE 1/3 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) pue Months . Devs Hours emale WIDOWED TO DIVORCED October .1881 80 physician 10s. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 1 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) remove done during most of working life, even if retired USA Housewife 13. FATHER'S NAME attending Thomas Parry Carrie Stull ā 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) ((Ifyesgivewerordetesofservice) Miss Anna Parry, Cardiff, Md. No18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c) (INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) arterio selevos DUE TO attending Conditions, if any, which (b) gave rise to immediate cause DUE TO (e), stating the undarlying (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY certificate CERTIFICATION PERFORMED? NO Z 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of Iem IB] MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, [County] (Stelle) Month, Day, Year 20f. (City or lown) factory, street, office bldg., etc.) Not While. While Hour a m at work ! e! work p.m CTOR: 1962 to Manch 12-19.62 that (1) (wa) last 21. I certify that (I) (this hospital) attended the deceased from... ().1962, and that death occured at.532M, from the causes and on the date stated above. saw the deceased alive 22b. DATE 226. SIGNATURE ATTENDING SIGNED \mathbf{x} PHYS DIRECTOR M.D. 220 PHYSICIAN'S 22d. ADDRESS 23a, BURIAL, CREMATION, 23b, DATE THEREOF 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Slate Ridge 0 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS VINERAL DIRECTOR'S SIGNATURE VR A15 (4) DATE MAR 1 6 '62 Delta. Penna. 15M 9/60



1 1 H-	MARYLAND STATE DEPARTMENT OF HEALTH
13 1 11	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	03293 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03293
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacassed livad, if Institution; Residence before admission) 3. COUNTY
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10 m ± 40	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF B RTH 9. AGE (In years If UNDER YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
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Par Par 17	Attendant U.S.V.Hospital Germany U.S.A
4 5 6 6 5 T	13. FATHER'S NAME
11 > == 4.1.	William Schuette Maria Sagel 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Dayson I
or Fire Signal	(Yes, no, or unkown) [lifyessiyawatordates of sarvica]
form 18. With format. permit.	Yes W W 2 215-34-6756 Dorothy B.Schuette, Port Deposit, Md.
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EXAMINE ste, writing the Chief I R: Page 3 s rior to burit	20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 1-20e. PLACE OF INJURY (Home, farm, 20f. (City or lowe) (State)
AMIN writing Chip Page to b	Hour a.m. 3 - 8 106 While Not While al work Supplement Toll Rolls Cerl Mil
icate, v	21. I certify that I look charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion
	death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner
CAI tertiff rwarded DIRECT ad agent,	CHIEF MEDICAL EXAMINER BOLD SON
2 - 6	ACTURE SIGNATURE AND ASSISTANT MEDICAL EXAMINER DATE SIGNED
P ecul be f RAI igna	EXAMINER'S CONSIST P. IMOS- 40 DEPUTY MEDICAL EXAMINER BY 3-9-62
L SPES	NAME (Type) () () () () () () () () () (
	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or country) (State)
5 g 4 5 g	Burial 5-12-1962 Asbury Cemetery Port Deposit, Md. Rural
VS. AISME of	41 101
5M 9'60	Wel a. Vallerson & Somerryville, Md. DATE MAR 13'62 Cirling S. Kruns.



PLACE OF DEATH . COUNTY a. STATE b. COUNTY HARFORD MARYLAND MARYLAND BALTIMORE. b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) HAVRE DE GRACE d. NAME OF HOSPITAL OR INSTITUTION of not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES NO HARFORD MEMORIAL HOSPITAL 1412 KENT 3. NAME OF Month DECEASED OF (Type or print) DEATH 1962 WILLIS 6. COLOR OR RACE 7. MARRIED K NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR last birthday) Months Days WIDOWED [DIVORCED 10b. KIND OF BUSINESS OR INDUSTRY 19. BIKHPLACE (Siete or fore gn country 10a USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Iron Mountain . Md. Service Station pages operator 14. MOTHER'S MAIDEN NAME Alonza Snider Ida Evans 5. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | [Ifyasg.vewarordatesofserv.ce] Hilda L. Snider, 1412 Kent Road none 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Aspiration of blood MMEDIATE CAUSE (a) **DUE TO** gunshot wounds of head and neck Conditions, if any, which gave risa to immediate ceuse DUE TO (a), stating the undarlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8). 19. WAS AUTOPSY PERFORMED? 8 20b. DESCR.BE HOW NUJRY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY N or CONTRIBUTING **CAUTE OF DEATH** Shot in armed robbery at Savon Gas Station, Joppa, Md. (m) 20c. TIME OF INJURY Month, Dey, Yeer 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or fown) (County) (Slate) fectory, street, office bldg., etc.); While et work at work 3-4 1002 Balto. Maryland Gas Station Joppa 21. I certify that I took charge of the remains described above, held an Autopsy XI. Inspection ... Inquiry and in my opinion 0 5 death resulted from Natural causes Suicide Homicide K Undetermined manner Accident CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER FUNERAL DEPUTY MEDICAL EXAMINER RUSSELL S. FISHER, M.D. NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, Iown, or country) 22a, BUR. AL, CREMATION, 3/8/62 Mt. Herman Cemeterv Cumberland, Md. <u>5</u>40 ₽ 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME R James Scarpelli Funeral Home, Cumberland, Md. SM 9/60



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by the funeral specific death	D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town). 2. USUAL RESIDENCE (Where deceased lived, If Institution, R. b. COUNTY b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town).	2014
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AL DIRECTOR A State of the Stat	saw the deceased alive on. Meth. 8	22b DATE S GNE
deah. A. S.	NAME (Type Clarence 1. Benson 238. BURIAN, CREMAT ON, 236. DATE THEREOF RENOVAL (Specify) 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION (City, lown or count	
VR A1S (4) 15M 7 61	24 FUNIFFAL DIRECTOR'S SIGNATURE ADDRESS Perryville, Md. DATE MAR 21 '62 Outland ABOUTY CEMETERY 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S Perryville, Md. DATE MAR 21 '62	

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. RESTON STREET, BALTIMORE 1, MARYLAND OF DEATH 03302 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence/hefore adm ssion) 1. PLACE OF DEATH a. COUNTY b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) OR TOWN (if outside corporate limits, write RURAL and give nearest fown) e. IS RESIDENCE HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? YES NO NAME OF Middle DATE Morth Yae DECEASED OF DEATH (Type or print) IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR 5. SEX DATE and last birthday) Months Hours WIDOWED DIYORCED physician 12, CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY RIRTHPLACE (County & State, or fore, an country) attending pt Then please in a 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yas, no, or unkown) (.fyesgivewarordetesofservice) 18. CAUSE OF DEATH [Enter only one cause per [ine for (e), (b), end (c) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (+) DUE TO Conditions, if any, which geve rise to immediate cause **DUE TO** (a), sleting the underlying PART I, OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 0/1 19. WAS AUTOPSY CERTIFICATION PERFORMED, 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert I. of Item 18.) 200. ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (State) Month, Day, Year factory, street, office bldg., etc.) White Not While Hour e.m. el work el work p.m. Ahat (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from. 2 and that death occured .P.M., from the lauses and on the date stated above. saw the deceased alive on..... 22b. DATE SIGNATURE STAFF SIGNED ATTENDING MED. PHYS. DIRECTOR PHYS. M.D PHYSIC AN'S 22d. ADDRESS NAME (Type) ector, 23d. LOCATION (Gity, town or county) 238. BURIAL CREMATION. | 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stete) RIMOYAL (Specify) OF 25a, REC'D BY REGISTRAR 25b, REGISTRAR 5 SIGNATURE VR A1S (4) Contino d. Thurs DATE MAR 1 6 '62 T5M 7/61



1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND					
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omplomple page		l	(Type or print) Filton H. Thompson DEA	- aren 10. 1252		
e ex Podr ¥iji		5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BRTH	9. AGE (in years) IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months Deys Hours M'n.		
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hat the all th		Ι,	No 216-01-1660 Mrs. Oneita E.	Thompson, Forest Hill, Man		
cian by 1 by 1 rmit			18. CAUSE OF DEATH [Entar only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH		
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AT SOL			saw the deceased alive on 3/6/62			
Short			220 SIGNATURE DA ATTENDING MED.	STAFF 22b. DATE		
The Property			M.D. PHYS. DIRECTOR	The staff Phys. 3/10/62 3/10/62		
ERA Peg with	- 1		22c. PHYSICIAN'S NAME (Type) Robert A. Barthel, M. D. Forest Hill,	Md _		
HOSALA ath. Je FUNERA ector, pag		234	BURIAL, CREMATION, 23b DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d, 1			
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1	MARYLAND STATE DEPARTMENT OF HEALTH					
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		13.	FATHER'S NAME - 14. MOTHER'S MAIDEN NAME -			
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			WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT			
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YSIC hospil certific use	U	CERTIFICATION	YES NO			
HY e hc s ce or u		KTIFE	20e. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH			
H 수 보고 등		-	(IF EITHER, NOTIFY MEDICAL EXAMINER)			
Affe by Tr		MEDICAL	20c. 1IME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, * 20f. (City or town) (County) (Stele) Hour a.m. (County)			
Baine Selection		ME	p.m. 19 el work et work			
F of Sala			21. I certify that (I) (this hospital) attended the deceased from			
REC REC hould			saw the deceased a ive on			
8 Sh Sh Sh Sh			ATTENDING MED. STAFF			
4 9 4 9 4			22c. PHYSICIAN'S DIRECTOR PHYS. 13/31/62			
PTA ge ERA with	- 1		NAME (Type)			
O to D		22	BURIAL, CREMATION, 23b. DATE THEREOF 236 NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county)			
O Gird		23	BEMOVAI (Specify) 4/2/62 Sulding Chapil Cim Ceal County Ind			
VR A15 (4)		24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258. REC'D BY REGISTRARY SIGNATURE			
15M 7/61	0	1	Falh & Hicks Elkton, Md. DATE APR 9 4 62 anhun & Harres			
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. 1	MARYLAND STATE DEPARTMENT OF HEALTH				
- 1	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND				
FOR STATE	03395 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 0329	8_			
BUALIH DEPI.	PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where decassed I vad, If institution, Residence before ad	mission)			
Page les.	to who thanks				
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown write RURAL and give nearest lown)	.}			
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ate Hr.	1 3-2 mintang A 1 13-2 Milotana A layes	NO I			
\$ 50 to 20	NAME OF DECEASED () First Walddle Last () DATE Month Day Year OF	-			
h. Ha	(Type or print) GOV DEATH MUCH 23 19	02			
learl d 3 with s af	SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 1	24 HRS. Min.			
er o	WIDOWED DIVORCED 1100 . 21, 1901 yrs. 11 2				
s aft 1, 2, 1, 2, 30 an an 72	la. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT CO	DUNTRY:			
ges ges Pa Pa lin i	N/A N/A NAME U.S.A.				
Page Page Page Page Page Page Page Page	A - A-7 47 917 L				
	24444				
2000	as, no, or unkown) (Ifyasgiya war ordates of service)				
red v	No None Martin Howard, 1012 Leeswood Rd. 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	1/55N			
s execution of the second seco	PART I. DEATH WAS CAUSED BY:				
8 E - T	Immediate CAOSE (8)	_			
ould by in period position of the position of	Conditions, if any, which (b)				
should ng* in p 's Office a buris	gave rise to immediate cause				
5 th 5 th 7	(u), stating the underlying DUE TO				
rtifica "pend xamir used ion, o	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS A	JTOPSY			
8 2 2 3 5	PERFOR YES N	MED?			
IR: This the wo Medica should	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury In Part II of Item 18.)				
	PRIMARY Or CONTRIBUTING CONTRIB				
IIINI initing hief buri		State)			
Pag Vit	Hour e.m. While Not Whila factory, street, office bldg , etc.) p.m. 19 at work at work				
Cate, to the OR: prior	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my op	inion			
ME BEE	death resulted from: Natural causes X. Accident . Suicide . Homicide . Undetermined manner				
rwarde DIRE	CHIEF MEDICAL EXAMINER BUA'N U				
forwar forwar ated Eg	SIGNATURE DATE SIGN	JED			
execute Trial be forward be forward be forward be forward be forward by the forwa	EXAMINER'S CANALA R P. 1. DEPUTY MEDICAL EXAMINER & 3-23-	62			
bress execute should be fo FUNERAL its designate	NAME (Type) Get 314 () 1 Me) Address (Street, city, town, or county)				
shour Frum	a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)				
0 g 4 0 g	Burial 3/28/62 Bel Air Memorial Garden Bel Air, Marylan Funeral Director 248. REC'D By REGISTRAR 246. REGISTRAR'S SIGNATURE	id			
VS. A15ME	Tarring runeral home				
5M 9/60	Oscar R. Tarring herdeen, Ild. DATEMAR 2 8 '62 Calling & House				
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VR A15 (4)

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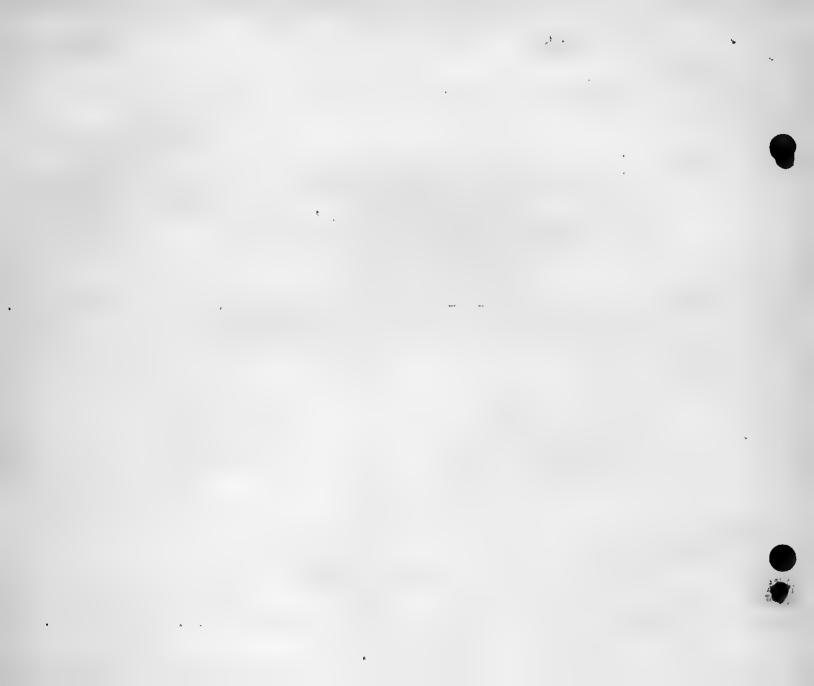
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 83307 Reg. Dist. N. 3300 **CERTIFICATE OF DEATH** be filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) Harford a. COUNTY b. COUNTY MARYLAND Marvland Harford b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) should Havre De Grace, Md. d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE A Mishouse -- Harford County. ON A FARM? YES X NO T NAME OF 4. DATE Middle Month Year DECEASED John DEATH March (Type or print) 1962 Werner 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 5. SEX IF UNDER I YEAR IF UNDER 24 HRS. 9. AGE (In years lost birthday) Months Male White Days WIDOWED T Octtober 19, 1868 93 yrs. DIVORCED [7] carbon popers. after death. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) WAREHOUSE LABORER Retired Unknown 4.2.2. Marvland IISA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ECINA SEITZLER гетоме 17 INFORMANT 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY. Coronary thrombosis Sudden death DUE TO Chr. cardiovascular disease 12 Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stoting the underlying cause fast. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES NO X 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Day, Year 20f. (City or town) (County) (State) factory, street, office bldg., etc.) White Not while at work at work D. m. 21. I certify that I attended the deceased from an 15, 1951, 19, to March 1, 1962, that I last saw the deceased ___, and that death accurred at 11:00 M, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) Andlow Mo. Forest Hill, Nd. PHYSICIAN'S Willard P. Hudson, M.D. NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 1962 FUNERAL DIRECTOR'S SIGNATUR 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE MAR 6 way & Trave



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PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 033081. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased leved, If institution, Residence before edmiss on a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits. TOWN (Moulside corporate limits, write RURAL and give nearest town) HAVRE dE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE DECEASED (Type or print) 9. AGE (In years IF UNDER 1 YEAR 8. DATE OF BIRTH RACEYT, MARRIED THEYER MARRIED last birthday) Months WIDOWED DO DIVORCED | June 12. CITIZEN OF WHAT COUNTRY? Janitor 13. FATHER'S NAME 16. SOCIAL SECURITY NO. 17, INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Hannibal Warfield, Box 26, Aberdean, 217-10-3982 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c)) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Obstructive Uropathy gave rise to immediate cause **DUE TO** (e), stating the undarlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/8, 19. WAS AUTOPSY PERFORMEDI 206, ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of item 18) 204, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, ! (County) (State) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) factory, street, office bldg., etc.) While __Not Whila Hour a.m. et work et work 21. I certify that (1) (this hospital) attended the deceased from January 3, 1962, to March 28, 1962, that (1) (we) last saw the deceased alive on March 26, 1962, and that death occurred at 4, 58, from the causes and on the date stated above, 22e. SIGNATURE SIGNED ATTENDING DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS 569 Revolution St. Hourede Grace Maryland 23a. BURIAL, CREMATION, | 23b. DAT 23d. LOCATION (City, town or county) Union Methodist Cometery, R.D. Aberdeen, Md. Burial TarringADPRuneral Home 24 FUNERAL DIRECTOR'S SIGNATURE 25a, REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE VR A15 (4) 15M 7/61 Aberdeen. Ald. DATE APR 4



PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmiss on) a. COUNTY b. COUNTY MARYLAND ARFORD b. CITY OR TOWN (if outside corporate rimits, c LENGTH OF STAY IN 16 c. CITY OR TOWN (H outs de corporete limits, write RURAL end give neerest town) write RURAL and give neerest town) HITEFORD DO BRUAM (TRACE d STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO 3. NAME OF complete 4. DATE Middie Month Year DECEASED OF (Type or print) 62 DEATH March 19 ERNADEA physician and co 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months WIDOWED [10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY I 12. CITIZEN OF WHAT COUNTRY? done during most of working I fe, even if retired) OUSEWIFE 13. FATHER'S NAME CRENCE SOCIAL SECURITY NO. 17, INFORMA (Yes, pp, for unkown)) (If yes give wer or dates of service) MITEPORD. 18. CAUSE OF DEATH [Enter only one cause per line for ta), (b , and (c, INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) **DUE TO** gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER S.GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,61; 19, WAS AUTOPSY PERFORMED? NO K 20a. ACCIDENT WAS UNDERLYING . 1 208. DESCRIBE HOW INJURY OCCURED (Enfor nature of injury in Part | or Part | of Itam 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIEY-MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY Month, Dev. Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stata) fectory, street, office bldg , etc.) White at work st work 21. I certify that (I) (this hospitali) attended the deceased from 19.6.4-that (1) (we) last 6. Z and that death occured as ... T.W. from the causes and on the date stated above saw the deceased alive onc 22a, SIGNATURE 20b. DAJE SIGNED ATTENDING: DIRECTOR M.D. ZZc. PHYSICIAN'S ADDRÉSS NAME (Typa) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or BMOVAL (Sperify) 258 REC'D BY REGISTRAR | 256 REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 Cillus S. Mrsus

OF HEALTH



ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03310 CERTIFICATE OF DEATH funeral should PLACE OF DESTR 2. USUAL RESIDENCE (Where deceased lived, If institution Residence before e. COUNTY a, STATE **b.** COUNTY the 2 arth. MARYLAND b. CITY OK TOWN (if outside/corporate/limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN I f outside corporate limits, write RURAL and give nearest town d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO Y NAME OF Middle DATE Yeer Month Day DECEASED OF (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH last birthday) Months Days Hours WIDOWED & DIVORCED Jease rem 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done firing most of working life, Aven if ratired) Russen 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM .5 Bud d 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17 (Yes, no, or unkown) [(Ifyes give war or dates of service) an 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if geve rise to immediate cause DUE TO (e), steting the underlying cause lest, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO T use 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED I 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour e.m. et work af work 21. I certify that (i) (this hospital) attended the deceased from 22b. DATE 22a. SIGNATURE ATTENDING STAFF SIGNED DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN FÜ OFFCEMETERY OR CREMATORY CREMATION <u>ال</u> الله 0 25a. REC'D BY REGISTRAR 266, REGISTRAR'S VR A15 (4)

EX 28 183 ... Salar Salar Administration of the Control of the Co Hickory who have the chart Champs and Ball I the I never be give extensed attend of the state of the state of the state of to the tell on town to you are I where all the

1		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND						
			03311	CERTIFICAT	E OF DEATH		03304	
the funeral 2 should		1. PLAC	E OF DEATH	Rd MABYLAND	2. USUAL RESIDENCE (Where decome b. STATE	b. COUNTY	R FORd	
ately med in by the pers. Pages I and 2 hours after death		Ha Ha Ha Ha	ME OF HOSPITAL OR INSTITUTION IN NOT RFORD MEMOR E OF	c. LENGTH OF STAY IN 1b D. O. CL. In hospital, give street address) Plat Hospital Aiddle	c. CITY OR TOWN (II outside corporeit A TAYRE- A d. STREET ADDRESS COARL Lost 4. DATE OFF	e-GR TON Rd.	e. IS RESIDENCE ON A FARM? YES NO Day Year	
certificate be executly size and complete remove carbon parameters.		5. SEX Te 1	nake White will	AARRIED NEVER MARRIED 8. DOWED DIVORCED 10b. KIND OF BUSINESS OR INDUSTRY	A DEATH DATE OF BIRTH 19. A	GE (In years IF UNDER I YE st birthday) Months Dayrs.		
death a		15. WAS	RONGLAE. DECEASED EVER IN U.S. ARMED FORCES? or unkown) (Hyesgive wer or dates of service	Nyac TT	FORMANT ELIZABETH WIN	Address ARL	DIMMONS	
ending physicis been signed by rial-transit pern		Conc gave (e),	PART II. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) DUE TO Control of the ny, which take to immediate ceuse staling the underlying tale. PART II. OTHER SIGNIFICANT CONDITION	Conguite/	Sectors Related to the terminal disease co	S e	MITTERVAL BETWEEN ONSET AND DEATH 30 MAJE ST. 3 7 Mag & L. & C. 10 Co 3 (e) 19. WAS AUTOPSY	
DING PHYSIC ned by the hospi After this certifi letached for use	of nealin prior to	CERTIFICATION OF SOLUTION OF S		b. DESCRIBE HOW INJURY OCCURED.	(Enter nature of injury in Part I or Part II of E OF INJURY (Home, farm, * 20f. (City or y, street, office bldg., etc.)	item 18-)	YES NO	
DIREC 3 should	With the state Lept.	21.	the deceased alive on	attended the deceased from	death occured and MED.	ne causes and on the		
		24 FUNE	MAL, CREMATION, 23b. DATE THEREOF WAL (Specify) MAR, 20/ RAL DIRECTOR'S SIGNATURE MACLISEM MATERIAL	1962 ANGEL HILL HAUTER LADORESS STANDARD	11			
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